

EFFECTIVE DATE IS DATE SIGNED UNLESS VALIDATED
OTHERWISE OR MARKED VOID BY THE DEPARTMENT.ACTION NOTICE **STATEMENT OF EMPLOYING**
BAIL AGENT OR PERMITTEE**1**

CHECK IF APPROPRIATE

☐This action notice is submitted with a
NEW License Application Filing Form.**2**

To the Insurance Commissioner of the State of California, notice is hereby given that effective from the date of filing this notice, the designated Bail Permittee or Bail Agent hereby: (Check A or B)

A☐**APPOINTS** and agrees to employ the person named herein to
act as my: (Check one)☐

SOLICITOR

☐

AGENT

☐

PERMITTEE



List basis and amount of compensation to employee: (Check Appropriate Boxes)

☐

SALARY \$ _____, per month

☐

WAGES \$ _____, per month

☐COMMISSIONS — If this box is checked, list the **Percentage Rate** and upon

what the commission is based: _____

OR**B**☐**TERMINATES** the employment of the employee named herein.**3****EMPLOYER INFORMATION:** Enter employer's license number and type
employer's full name and address below.EMPLOYER'S
LICENSE NUMBER:EMPLOYER'S
NAME

LAST

FIRST

MIDDLE

(BUSINESS)
STREET ADDRESS

CITY

STATE AND
ZIP CODE**4****EMPLOYEE INFORMATION:** Type full name of employee and address from
which the employee will transact bail. If employee is not yet licensed, leave
license number blank.EMPLOYEE'S
LICENSE NUMBER:EMPLOYEE'S
NAME

LAST

FIRST

MIDDLE

(BUSINESS)
STREET ADDRESS

CITY

STATE AND
ZIP CODE**5**BY MY SIGNATURE BELOW I AGREE TO NOTIFY THE COMMISSIONER
OF ANY CHANGE IN THE MATTERS SET FORTH IN THIS STATEMENT:

Signature of employer:

Date:

6BY MY SIGNATURE BELOW I AGREE TO NOTIFY THE COMMISSIONER
OF ANY CHANGE IN THE MATTERS SET FORTH IN THIS STATEMENT:

Signature of employee:

Date: